

**NATIONAL INCIDENT MANAGEMENT SYSTEM
FY 2005 CERTIFICATION**

I certify that the County/City/Township of _____, Michigan, in coordination with other local governmental entities, has successfully complied with the following minimum FY 2005 National Incident Management System (NIMS) compliance requirements in accordance with the U.S. Department of Homeland Security, Office of Grants & Training Homeland Security Grant Program. Furthermore, the following compliancy steps have been completed:

- ✓ Formally recognizes the National Incident Management System (NIMS) and has adopted the NIMS principles and policies via legislation, executive order, resolution or ordinance.
- ✓ Completed the relevant courses: "National Incident Management System (NIMS) An Introduction" IS-700 and "The National Response Plan (NRP): An Introduction" IS-800, for all state and local command staff (EOC representatives and alternates). Course certificates or other verification documents have been maintained on file.
- ✓ Completed an assessment of the jurisdiction's current incident management capabilities utilizing the NIMCAST.

(Printed name of Emergency Management Coordinator)

(Signature of Emergency Management Coordinator)

(Date)